



## Family MH Form –Initial Interview

<b>4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required</b>	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>						
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>						
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>						
4. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>						
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. My child is able to do things he or she wants to do.	<input type="checkbox"/>						
6. My child gets along with family members.	<input type="checkbox"/>						
7. My child gets along with friends and other people.	<input type="checkbox"/>						
8. My child does well in school and/or work.	<input type="checkbox"/>						
9. My child is able to cope when things go wrong.	<input type="checkbox"/>						
10. My child is able to handle daily life.	<input type="checkbox"/>						
11. I am satisfied with our family life right now.	<input type="checkbox"/>						